

Castle Funding, Inc.

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BORROWER TRANSACTION REGISTRATION FORM

Borrower Name: _____ Date: _____

Company: _____

Borrower Address: _____

City, State & ZIP Code: _____

Phone: _____ Fax: _____ Email: _____

Guarantor(s): _____

Property Name: _____

Property Address: _____

Property City, State & ZIP Code: _____

Property Description: _____

Property Value: \$ _____ Loan Amount: \$ _____ LTV: _____ %

Estimated Interest Rate: _____ % Term Needed (Months): _____ Requested Closing Date: _____

Exit Strategy: _____

Payoffs: _____

Purpose of Loan: _____

Additional Security: _____

Transaction Description ("The Story"): _____

Referral Source (Circle All That Apply):

Established Broker Friend Trade Journal Convention Search Engine Our Web Site Other